

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/517608

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		2				TOTAL IND.							
TOTAL DEP.	5		1				TOTAL DEP.							
TOTAL	7		3				TOTAL							

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS